

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Majority PAC | | FEC IDENTIFICATION NUMBER ▼ C C00484642 | |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | M M M / D D D / Y Y Y Y Y Y | |

| | | | |
|--|-------------------|--|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies | | Date M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2012 | |
| Mailing Address 1010 Wisconsin Avenue, NW Suite 800 | | Amount 378791.00 | |
| City Washington | State DC | Zip Code 20007 | Transaction ID : D419270 |
| Purpose of Expenditure Media Buy | Category/ Type | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Josh Mandel | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 1104845.82 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|-------------------|--|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker | | Date M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2012 | |
| Mailing Address 1818 N Street, NW Suite 450 | | Amount 17697.69 | |
| City Washington | State DC | Zip Code 20036 | Transaction ID : D419271 |
| Purpose of Expenditure Media Production Costs | Category/ Type | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Josh Mandel | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 1104845.82 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____ | |

| | |
|--|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 396488.69 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | 396488.69 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
07 / 06 / 2012